

Request to Deed Society Grave to Individual from Organization

Date: _____

MAIL TO: Po Box 340 Farmingdale NY 11735 Or

Email to: Lpeter@wellwoodbethmoses.com

Location

Circle One Wellwood Cemetery / Beth Moses Cemetery

Section ____ Block ____ Plot _____ Row ____ Grave (s) _____

Land of _____

Authorized Signer of Society

Name: _____

Address: _____

Telephone: _____

Email: _____

Authorized Signer of Society

Name: _____

Address: _____

Telephone: _____

Email: _____

Please note that if there is more than one authorized signer, two owners must authorize the transfer deed.

Proposed New Owner (Transferee)

Name: _____

Address: _____

Telephone: _____

Email: _____

Proposed New Owner #2 (Transferee)

Name: _____

Address: _____

Telephone: _____

Email: _____

Request

I/We respectfully request that the cemetery transfer the ownership interest in the above-described cemetery property from the undersigned to the individual identified above, subject to the Cemetery's Rules and Regulations, applicable New York State law, and approval by the Cemetery.

I/We understand that:

- This request does not become effective unless approved by the Cemetery.
- Additional documentation may be required before the transfer can be completed.

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- The Cemetery may require proof of ownership, identity, legal authority, or consent of other interested parties.
- Applicable transfer fees may apply.
- The transfer may be denied if it conflicts with New York law, Cemetery Rules and Regulations, or governing documents.

Certification

I certify that the information provided in this request is true and complete to the best of my knowledge. I understand that submitting this request does not guarantee approval.

Authorized Signer (Transferor)

Signature: _____

Printed Name: _____

Cemetery Use Only

Date Received: _____

Received by: _____

Proof of Ownership Verified: ☐ Yes ☐ No ☐ Additional Owners Noted

Additional Documents Required:

☐ Death Certificate

☐ Letters Testamentary / Administration

☐ Certificate of Interest

☐ Other: _____

Transfer Fee Paid: ☐ Yes ☐ No

Approved By: _____